



Enrollment
Information 2015

State Employee
Health Plan

Retiree and Direct
Bill Members

Open Enrollment Period is
November 1 - November 30, 2014
Elections are effective January 1, 2015

Contact Information

State of Kansas Health Plan Vendors Web Site

www.kdheks.gov/hcf/sehp/Vendors.htm

Aetna

Customer Service Plan A and Plan C
Behavioral Health (MHNet)

www.aetnastateofkansas.com

All Areas (Toll Free): 866-851-0754
All Areas (Toll Free): 866-851-0754

Blue Cross and Blue Shield of Kansas

Customer Service Plan A and Plan C

Kansas Senior Plan C

New Directions - **Behavioral Health**

New Directions - **Autism**

www.bcbsks.com/CustomerService/Members/State/

All Areas (Toll Free) 800-332-0307
Topeka: 785-291-4185
All Areas (Toll Free): 800-332-0307
Topeka: 785-291-4185
All Areas (Toll Free) 800-952-5906
Topeka: 785-233-1165
All Areas (Toll Free) 877-563-9347 Option 3

Caremark

Customer Service

Caremark Connect Specialty Pharmacy

www.caremark.com

All Areas (Toll Free): 800-294-6324
TDD (Toll Free): 800-863-5488
All Areas (Toll Free): 800-237-2767

Coventry Advantra Freedom PPO

Coventry Advantra Freedom PPO

Behavioral Health (MHNet)

www.chckansas.com

All Areas (Toll Free): 800-727-9712
TDD (Toll Free): 866-347-2459
All Areas (Toll Free): 866-607-5970

Delta Dental of Kansas, Inc.

Customer Service

www.deltadentalks.com/

All Areas (Toll Free): 800-234-3375
Wichita: 316-264-4511

Direct Bill Membership Call Center

State Employee Health Benefits Plan - For Enrollment,
Qualifying Event, Report a Death, Address Changes

www.kdheks.gov/hcf/sehp/directbill.htm

All Areas (Toll Free): 866-541-7100
Topeka: 785-296-1715

First Health Part D Medicare Drug Plan

Specialty Mail Order

All Areas (Toll Free): 888-736-3133
All Areas (Toll Free): 866-308-7548

Hewlett Packard Member Services - Billing

All Areas (Toll Free): 866-688-5009

KPERS

Kansas Public Employee Retirement Systems

All Areas (Toll Free): 888-275-5737
Topeka: 785-296-6166

Preferred Lab Benefit Program

• Quest Diagnostics Lab Card Program

Customer Service
Collection Site Listings

www.labcard.com

All Areas (Toll Free): 800-646-7788
www.labcard.com/collection.html

• Stormont-Vail Regional Lab Program

Customer Service
Benefit Information and Collection Site Listings

www.stormontvail.org/stateemployeeslab.html

All Areas (Toll Free): 800-637-4716
Topeka: 785-354-1150

Senior Health Insurance Counseling for Kansas (SHICK)

www.kdads.ks.gov/SHICK/shick_index.html

All Areas (Toll Free) 800-860-5260

Superior Vision Services

Customer Service - Billing

www.superiorvision.com

All Areas (Toll Free): 800-507-3800

Contents

2015 Direct Bill/Retiree Open Enrollment Meeting and Webinar Schedule.....	4
Highlights and Reminders for Plan Year 2015.....	6
Direct Bill Member Eligibility.....	8
Changing Your Coverage.....	8
Dropping Coverage.....	9
Before You Enroll.....	9
Privacy Rights and Appointment of a Personal Representative for Health Care Choices.....	9
Open Enrollment.....	10
Enrollment Portal Instructions.....	10
Choosing Your Health Plan: Plan A, Plan C, Kansas Senior Plan C or Coventry Advantra Freedom Plan.....	11
Non Medicare Options - Plan A or Plan C (HDHP).....	12
Caremark Prescription Drug Plan.....	12
Delta Dental.....	13
Superior Vision Services Plan.....	14
Preferred Lab Benefit - Available with Plans A and C.....	14
Castlight Health Transparency Tool - Available with Plans A and C.....	15
Rx Savings Solutions - Available with Plans A and C.....	15
Non Medicare Options Rates and Comparison Chart.....	16
Medicare Options.....	23
Coventry Advantra Freedom.....	23
Kansas Senior Plan C.....	24
First Health Part D Medicare Drug Plan.....	25
Medicare Options Rates and Comparison Chart.....	26

Take advantage of the information available online 24/7 on our Open Enrollment Website. View all 2015 Open Enrollment plan options, including the Provider Directories, benefit descriptions and detailed information on all State Employee Health Plan programs and options available at: www.kdheks.gov/hcf/sehp/directbill.htm

The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go to the page for your vendor on our website - www.kdheks.gov/hcf/sehp/default.htm

2015 Retiree/Direct Bill Open Enrollment Meeting Schedule

EMPORIA

Tuesday, October 28
10:00 a.m.

Flint Hills Technical College
3301 W. 18th Avenue

HAYS

Tuesday, October 28
9:00 a.m. and 1:00 p.m.

Kansas Department of Transportation
West Entrance Conference Room
1811 Frontier Road

HUTCHINSON

Wednesday, October 29
12:30 p.m.

KDOT Area Office
Conference Room
500 N. Hendricks

LAWRENCE

Thursday, October 30
9:30 a.m. and 1:30 p.m.

4-H County Fairgrounds
Building 21
2101 Harper Building

MANHATTAN

Monday, October 27
9:30 a.m. and 1:30 p.m.

Fairgrounds - Cico Park
Konza Room - Pottorf Hall
1710 Avery Drive

OSAWATOMIE

Tuesday, October 21
9:30 a.m. and 12:30 p.m.

Osawatomie State Hospital
Sunflower Room
Highway 169-South
500 State Hospital Drive

OVERLAND PARK

Wednesday, October 29
9:30 a.m. and 1:30 p.m.

KU Edwards Campus
Regents Center
Rm110
126th & Quivera

PITTSBURG

Wednesday, October 22
9:00 a.m. and 1:00 p.m.

Homer Cole Community Center
Conference Room
3003 N. Joplin

SALINA

Monday, October 27
9:00 a.m. and 1:00 p.m.

KSU-Salina College Center
Conference Room
2310 Centennial Road

TOPEKA

Friday, October 17
8:30 a.m.

Wednesday, October 22
9:30 a.m. and 1:30 p.m.

Friday, October 31
9:30 a.m. and 1:30 p.m.

Topeka and Shawnee
County Public Library
Marvin Auditorium
Rooms A, B & C
1515 W 10th Street

WICHITA

Thursday, October 30
9:00 a.m. and 1:00 p.m.

Holiday Inn Select
North Ballroom
549 S. Rock Road

RETIREE/DIRECT BILL ONLINE OPEN ENROLLMENT WEBINARS

Registration details will be posted online at www.kdheks.gov/hcf/sehp/default.htm

Monday	October 13, 2014	9:30 a.m. and 1:00 p.m.
Tuesday	October 14, 2014	9:30 a.m. and 1:30 p.m.
Tuesday	November 4, 2014	1:30 p.m.
Thursday	November 6, 2014	1:00 p.m.
Friday	November 7, 2014	9:30 a.m. and 1:30 p.m.

Highlights for Plan Year 2015

What's Changing - Non-Medicare Options

PLANS

Beginning in Plan Year 2015, there will be two (2) Plans to choose from - Plan A or Plan C. Plan B will not be offered. **If you are currently enrolled in Plan B, you will need to enroll online to select either Plan A or Plan C.**

MEDICAL VENDORS

There will be two (2) Medical Vendors to choose from - *Aetna* and *Blue Cross and Blue Shield of Kansas*. UnitedHealthcare will no longer be offered. If you are currently enrolled in UnitedHealthcare, you will need to enroll online to select a new medical vendor. Coventry has been purchased by Aetna.

PLEASE NOTE: If you are currently enrolled in a UnitedHealthcare plan **or** enrolled in Plan B with any of the vendors, you need to actively enroll online during the Open Enrollment Period (November 1-30) and select either Plan A or Plan C with either Aetna or Blue Cross and Blue Shield of Kansas as your vendor.

If you do not enroll online, you will be defaulted to Plan C with:

- Aetna if you are currently enrolled in Coventry or UnitedHealthcare **or**
- Blue Cross and Blue Shield if that is your current vendor.

If you are eligible for Medicare select one of the Medicare options

PLAN A will have combined pharmacy and medical network out of pocket (OOP) maximums of:

- Single: \$4,750
- Family: \$9,500

PLAN UPDATES FOR PLANS A AND C

- Coverage under the Durable Medical Equipment portion of the plan will be modified to allow for coverage of motorized wheelchairs when medically necessary.
- Prosthetics with assistive electronic components will be eligible for coverage if medically necessary.

ADDITIONAL UPDATES

- The coverage provided for eyeglasses for children with certain eye disorders is modified.
- Health plan and Pharmacy administrators will coordinate the member maximum out of pocket costs.
- The autism coverage rider will be modified to comply with HB 2744. A treatment plan is still required prior to treatment. For more information, please call your vendor or consult the Autism Rider in your 2015 Benefit Description.
- **Preventive care benefit additions:**
 1. Lung cancer screening for adults age 55-80 who smoke or have quit in the last 15 years.
 2. Screening for gestational diabetes in pregnant women after 24 weeks.
 3. Breast cancer preventive medications for at risk women.
 4. Adult screenings of Hepatitis C virus for at risk persons and those born between 1945 and 1965.

Reminders for Plan Year 2015 - Non Medicare Options

- **Enrollment will be completed online for Plan Year 2015.** Instructions are on page 10.
- **For all members who had Plan A or Plan C coverage (except for UnitedHealthcare) during the last plan year,** your coverage, as it existed, will automatically continue into the new plan year if you do not actively enroll and make changes during the open enrollment period. After that, you will not be able to make any changes to your coverage without a qualifying event.

- **Members can opt out of Delta Dental Coverage only during the Open Enrollment period.**
NOTE: Once a member opts out of dental coverage, they will not be able to re-enroll in dental coverage at a later date.
- **Members can opt out of Superior Vision coverage only during the Open Enrollment period.**
- **If you decide to opt out of the Part D prescription drug coverage** offered through the State Employee Health Plan, you must have “creditable drug coverage” from the “Private Market” to be eligible to return to the SEHP Part D coverage during Open Enrollment without having to pay a penalty. “Private Market” Open Enrollment for Part D prescription drug coverage is October 15th through December 7th.
- **If you will be receiving Medicare due to a disability, contact Membership Services** at 866-541-7100 (outside Topeka) or 785-296-1715 (in Topeka).
- **If you do not pay your premiums through KPERS deduction** - All SEHP premium payments (except First Health Part D which will be billed by First Health) should be sent to the 3rd Party Billing Administrator for Retiree/Direct Bill participants, **Hewlett Packard (HP)** at HP Kansas Premium, P.O. Box 842195, Dallas, Tx 75284. Also, if you need information for your federal income taxes, you can call HP at **866-688-5009**.

What's Changing - Medicare Options

- Coventry Advantra, Coventry Part D and First Health Part D have had a rate increase.
- CMS guidelines have required changes to the Skilled Nursing Facility charges for both Coventry Advantra and Senior Plan C.
- Coventry Part D, sold with Coventry Advantra, will now implement a Network Preferred Retail and Non Network Standard Retail pharmacy. In order to have the lowest out of pocket expense for you, we would recommend reviewing the Coventry Advantra Network Pharmacy network. See page 29 for the cost differences.
- The Formulary for Coventry Part D and First Health Part D will also have minor changes. Please review the formulary every year to see if your prescription has had a tier change or is covered.

Reminders for Plan Year 2015 - Medicare Options

- **If you decide to opt out of the Part D prescription drug coverage** offered through the State Employee Health Plan, you must have “creditable drug coverage” from the “Private Market” to be eligible to return to the SEHP Part D coverage during Open Enrollment without having to pay a penalty. “Private Market” Open Enrollment for Part D prescription drug coverage is October 15th through December 7th.
- **If you will be receiving Medicare due to a disability, contact Membership Services** at 866-541-7100 (outside Topeka) or 785-296-1715 (in Topeka).
- **If you do not pay your premiums through KPERS deduction** - All SEHP premium payments (except First Health Part D which will be billed by First Health) should be sent to the 3rd Party Billing Administrator for Retiree/Direct Bill participants, Hewlett Packard (HP) at HP Kansas Premium, P.O. Box 842195, Dallas, Tx 75284. Also, if you need information for your federal income taxes, you can call HP at 866-688-5009.

Direct Bill Member Eligibility

An individual is eligible for participation in the State Employee Health Plan as a Direct Bill member if he or she is:

- A retired official or member who is eligible for a retirement benefit through the State of Kansas.
- A totally disabled former State official or member who is receiving a disability benefit through the State of Kansas.
- A former elected State official who was covered under the State plan immediately before the date the person ceased to be an elected official.
- A blind person licensed to operate a vending facility, or any licensed blind person who has ceased to operate a vending facility.
- A surviving spouse or dependent of a former State member or retiree. The spouse or dependents must have been covered under the State plan immediately before the date of death of the member or retiree.
- An active State member who was covered under the State plan immediately before going on approved leave without pay. Participation due to leave without pay status is limited to one year.

Changing Your Coverage

You must notify the Direct Bill Membership Office within 31 days of a qualifying event in order for the change to be effective the first day of the month following the event. If a change is not made within this 31-day period, the change cannot be made until the next Open Enrollment period.

Refunds may not be made retroactively. If there is a qualifying event that would result in a refund and the Direct Bill Membership Office is not notified within the 31-day period, a refund may not be processed. The only exception would be death.

Documentation of the qualifying event will be required before the change is made.

Please send a copy of the following:

- Medicare card
- birth certificate
- marriage certificate
- death certificate
- copy of obituary

Mid-Year Change Requirements

Non-newly eligible members and/or dependents may be added to group health insurance coverage during the plan year but only if all of the following mid-year change requirements are met:

- A. The change is a result of a qualifying event.
- B. The change in coverage is consistent with the event.
- C. Written documentation of the event (such as a marriage certificate, adoption papers or custody agreement) or a statement from spouse's employer is provided to the Direct Bill Membership Office.
- D. The change is requested within 31 calendar days of the event by calling the Direct Bill Membership Office number listed in the "Contact Information" section.

Please remember - If you terminate coverage, you cannot re-enroll in the Plan.

Dropping Coverage

Direct Bill members may drop medical, dental and prescription coverage for themselves and/or any covered dependents at any time by notifying the Direct Bill Membership Office toll free at 1-866-541-7100 or 296-1715 (in Topeka).

Important: Once coverage (medical, dental and prescription drug) has been terminated, the member cannot re-enroll at a later date. The effective date of termination will be the first day of the month following notification. When a member terminates his or her coverage, all dependents' coverage will be terminated as well.

Dental Coverage: Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

Vision Coverage: Members can opt out of vision coverage during Open Enrollment only. Changes can be made to your coverage only when you or a dependent becomes ineligible. **Mid-year changes to your vision coverage elections are not allowed.**

Privacy Rights and Appointment of Personal Representative for Health Care Choices

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 gives you certain privacy rights with respect to health-related issues. More information about HIPAA may be found online at www.hhs.gov/ocr/hipaa (United States Department of Health and Human Services website) or www.medicare.gov (Medicare website).

As a health insurance provider for Direct Bill members, the State of Kansas is covered under HIPAA. As a result, we cannot discuss specific aspects of your health insurance coverage with anyone without your express written permission.

Therefore, if you need assistance in making health care decisions and wish to appoint someone to act on your behalf on health care issues, including your health plan choices, please go to www.kdheks.gov/hcf/sehp/Forms.htm to print the HIPAA Personal Representative form or contact the Direct Bill Call Center at 866-541-7100 (outside Topeka) or 785-296-1715 to have a form sent to you. Submit the completed form to Direct Bill Membership Services at Room 900-N, LSOB, 900 SW Jackson, Topeka, KS 66612 or by fax to 1-785-368-7180. If you have already submitted this form, resubmission is not required unless you choose to make a change.

Before you Enroll

Review all of your enrollment materials including this Open Enrollment booklet or go to www.kdheks.gov/hcf/sehp/directbill.htm to become familiar with your options.

Read *Medicare and You*, a handbook from the Social Security Administration, if you or a covered dependent is eligible for Medicare.

Attend an Open Enrollment Meeting or Webinar. If you are enrolling during the annual open enrollment period, we encourage you to attend an Open Enrollment Meeting or Webinar to hear explanations of your benefit options and to ask questions. See pages 4-5 for dates and times of meetings near you and the webinars.

Learn about your health plan options. Make sure your health care providers, medical facilities and pharmacy are included in your health plan's network of preferred providers.

Open Enrollment

The Annual Open Enrollment period for State Employee Health Plan Retiree/Direct Bill members is November 1st through November 30th. **Enrollment must be completed NO LATER THAN NOVEMBER 30, 2014.**

If you have questions, please contact the Direct Bill Call Center toll free at 1-866-541-7100 or 296-1715 (In Topeka). Representatives are available to assist you from October 27, 2014 through December 19, 2014 Monday through Friday 8:30 a.m. to 4:30 p.m. Central time. **The office will be closed** on Veterans Day (November 11) and the Thanksgiving Holiday (November 27-28).

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2015.

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

New Online Portal!

The Membership Administration Portal (MAP) is located here <https://sehp.member.hrissuite.com/>

Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work; Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

Technical Support During the Open Enrollment Period, November 1 through November 30, 2014: if you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll free). The MAP Help Desk will be open from November 1 through November 30, 2014 Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time. **This Help Desk does not apply to questions about your benefits.**

Technical Support After Hours during Open Enrollment: Please e-mail: techsupport@hrissuite.com Include your name, phone number, and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

Starting November 1, 2014, you can visit MAP to register your online account, review your contact information and family roster, review your current SEHP elections and then make any changes you want for plan year 2015. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

Before you begin, make sure you have the following information ready

- Your Kansas Employee ID number (**Call the Direct Bill Call Center - 296-1715 (In Topeka) or 866-541-7100 (Toll Free) if you don't know this**)
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

Adding a new dependent? Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.

Enrollment Instructions

1. Go to MAP at: <https://sehp.member.hrissuite.com/>
2. The Welcome screen will appear. If this is the first time you are logging into the portal, please click on the “**Register Now**” button to get started. If you have previously registered, click on the “**Sign In**” button.
3. Follow the instructions on the screen

You may go into MAP as many times as needed during Open Enrollment to make changes. Benefit confirmation statements will be emailed directly to your registered email address each time you save an election in the portal. The benefits that you have selected as of midnight on November 30, 2014 will be effective January 1, 2015 and a final confirmation statement will be emailed to you.

Choosing Your Health Plan: Plan A, Plan C - High Deductible Health Plan, Kansas Senior Plan C or Coventry Advantra Freedom PPO

You have choices when it comes to your health coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State offers the following plans to Direct Bill members:

Non-Medicare Options

- Plan A — Aetna or Blue Cross and Blue Shield of Kansas
- Plan C High Deductible Health Plan (HDHP) — Aetna or Blue Cross and Blue Shield of Kansas

NOTE: Neither a Health Savings Account or Health Reimbursement accounts is available for retirees electing Plan C (HDHP) under Direct Bill.

Medicare Options

- Coventry Advantra Freedom PPO (with Coventry Part D)
- Coventry Advantra Freedom PPO (with First Health Part D)
- Kansas Senior Plan C (with or without First Health Part D)

REMINDER: Kansas Senior Plan C is the ONLY plan Direct Bill members can enroll in without Prescription Drug coverage and select a Part D prescription drug plan from the Private Market.

If you elect to enroll in Kansas Senior Plan C and do not take Prescription Drug coverage under the State plan, and do not enroll in Part D prescription drug coverage from the Private Market, you may re-enroll in the State’s Part D Prescription Drug Coverage during the next open enrollment period or if you have a qualifying event, but you will pay a penalty.

When making your health plan choices, Direct Bill members should always consider present health conditions and the financial status of all individuals to be covered under the chosen plan.

Non-Medicare Options

Plan A or Plan C (HDHP)

You have access to all health plans regardless of where you live.

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State Employee Health Plan offers two medical plan options:

- Plan A
- Plan C

Each option is designed differently (for example, deductibles, coinsurance and annual maximums). Differences between Plans A and C are shown on page 17.

The Preferred Lab Benefit program is available with both Plan A and Plan C. See page 13 for details.

There are two health plan vendors:

- Aetna
- Blue Cross and Blue Shield of Kansas

Each health plan vendor has a unique network of contracting providers. Since network providers agree to accept the plan allowance as payment in full, using network providers saves you money! Non network providers have not agreed to accept the plan allowance, so in addition to your required Out of Pocket, any amount above the plan allowance will be your responsibility.

Provider directories are listed on each vendor page on our website -

www.kdheks.gov/hcf/sehp/default.htm

REMEMBER:

- **Using Network Providers saves you money.** Network providers have agreed to accept the plan allowance as payment in full, using network providers saves you money.
- **Non network providers have not agreed to accept the plan allowance,** so any amount above the plan allowance will be your responsibility.

Both Vendors offer the following:

- Access to a broad network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as annual exams, colonoscopy screenings, mammograms and age-appropriate immunizations (including flu shots).
- No dollar limit on the care you may need during the lifetime of the policy.
- Prescription drug coverage through Caremark.

Caremark Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A and C, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for both plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A.** Under these plans, generally you pay a coinsurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy coinsurance maximum of \$4,750 for single and \$9,500 for member with dependent coverage per year.

- **Plan C.** Until you reach the deductible, you will pay 100% of the discounted cost for your prescriptions when you present your Caremark ID card. Once you have reached your annual health plan deductible, covered prescriptions are paid in full by the plan when a network pharmacy is used.

Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: www.caremark.com or www.kdheks.gov/hcf/sehp/Caremark.htm

You can also call Caremark at 800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during 2015. This list is also on the website.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments so you can discuss your options. The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail online@caremark.com

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. These drugs are available only through the Caremark Connect Specialty Pharmacy. A complete list of Specialty Drugs is available at www.kdheks.gov/hcf/sehp/Caremark.htm

Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to www.kdheks.gov/hcf/sehp/Caremark.htm

Delta Dental Plan

Member only dental coverage is provided for all members enrolled in medical coverage. Any dependents enrolled in dental coverage must be enrolled in medical coverage.

Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll at a later date. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks.

Delta Dental Premier Network - Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible for paying only the specific coinsurance and deductibles for covered services in addition to any services not covered.

Delta Dental PPO Network - The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

See page 29 for Enhanced and Basic Coverage information. For more details on Delta Dental Benefits, go to www.kdheks.gov/hcf/sehp/Delta.htm

Superior Vision Services Plan

You are offered two vision plans through Superior Vision Services* - the **Basic Plan** and the **Enhanced Plan**. See page 30 for details on these plans.

You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the medical coverage. If you choose dependent vision coverage, and have dependents enrolled in medical coverage, the dependent children enrolled in the vision plan must match those enrolled in medical coverage. Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual open enrollment period, or if a dependent becomes ineligible. Mid-year changes to your vision coverage elections are not allowed.

Note: Enhanced benefits are not available from non network providers.

Special Features From Superior Vision Services

Discounts are available for lens add-ons or upgrades not otherwise covered by the plan. The discount is 20 percent and is available from providers identified in the Superior Vision provider directory with a "DP."

Discounts on additional eyewear. Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a "DP."

Discounts on refractive surgeries such as LASIK, RK and PR K. Providers listed in the provider directory with the "RF" designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries.

For more details on vision benefits go to www.kdheks.gov/hcf/sehp/Superior.htm

**The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.*

Preferred Lab Benefit - Available with Plans A and C

For Plan A: present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont-Vail/Cotton-O'Neil, for testing that is covered and approved by your health benefit plan, you pay **no** deductibles, copays or coinsurance.

For Plan C: Plan C members are eligible to participate in a Preferred Lab Program which offers you and your covered dependents discounted pricing on covered **outpatient** laboratory testing, when the testing is performed by Quest Diagnostics or Stormont -Vail/Cotton-O'Neil laboratories. All of your services (except preventive care) will be applied to your deductible first.

If your doctor doesn't use Quest Diagnostics or you are not a Cotton-O'Neil patient, bring the lab orders from your doctor to one of the locations provided by Quest Diagnostics or Stormont-Vail/Cotton-O'Neil to have the lab work done and receive the benefit.

Quest Diagnostics offers collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.

Stormont-Vail/Cotton-O'Neil offers 9 locations in northeast Kansas, for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required.

PLEASE REMEMBER:

You must verbally request to use your Preferred Lab Benefit.

The Preferred Lab Benefit Program does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-Laboratory work such as mammography, x-rays, imaging and dental work
- Time sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas Plans A or C
- Lab work billed to your health plan by your doctor or another laboratory

The Preferred Lab Benefit is completely voluntary. If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail HealthCare you still have laboratory coverage. However, you will be responsible for any deductible, copayments or coinsurance applied by the health plan.

For details, go to www.kdheks.gov/hcf/sehp/PreferredLab.htm

Castlight Health Transparency Tool - Available with Plans A and C

Castlight Health is transparency tool that will help you make informed decisions about your medical treatment. Their recommendations can help to save you money and avoid any negative experiences when it comes to your healthcare. With this guidance from Castlight, you will be empowered to make informed healthcare choices for you and your family.

With Castlight Health's user-friendly website and applications that are easy to navigate, users can shop for, learn about, and manage their healthcare, all on one convenient site. Castlight will help you find the best care, for the best price and make your healthcare selections easy to understand.

Information is personalized to your benefits, your location, and your healthcare needs. Also, you will be able to find all of your healthcare claims and up to date spending trackers in one convenient place.

To see your personalized medical savings opportunities today visit www.mycastlight.com/sehp after December 1, 2014 or call customer service for any assistance at 800-681-6790.

Rx Savings Solutions - Available with Plans A and C

As the cost of healthcare continues to rise, we are implementing new and creative ways to reduce your share of the expense. We have partnered with Rx Savings Solutions to help you save money on your prescription drugs. Most importantly your current benefits and benefit structure will not change.

You will begin to receive emails from Rx Savings Solutions. These emails will notify you of easy ways you can save money every month without sacrificing the quality of your care.

Please take the time to review these important alerts:

- Rx Savings Solutions will provide guidance on how the system works and walk you through the steps to save you and your family money.
- Review each money saving opportunity suggested in order to get the maximum savings benefit.
- Tools like this will allow us to continue to provide you the best benefits possible.

You need to register your email address and/or phone number on their website, www.rxsavingsolutions.com to be eligible for the iPad give-away taking place on August 15th. See attachment for more details!

Each eligible employee will receive a unique account. Your dependents will appear as eligible under your name. We encourage all employees to register, regardless of whether you, or a family member, currently take any prescription medications or not.

Plan Year 2015 Retiree/ Direct Bill NON Medicare Options Comparison Chart

Monthly Premiums for Plan A, Superior Vision and Delta Dental

Coverage Choice	Medical		Superior Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$595.80	\$535.34	\$4.66	\$9.16	\$28.97
2	\$1,251.22	\$1,124.22	\$9.12	\$18.08	\$65.18
3	\$1072.46	\$963.62	\$8.24	\$16.30	\$72.42
4	\$1,787.42	\$1,606.00	\$12.72	\$25.28	\$115.88
B	\$535.92	\$481.54	\$6.99	\$13.74	\$28.97

Monthly Premiums for Plan C, High Deductible Health Plan ONLY, Superior Vision and Delta Dental

Coverage Choice	Medical		Superior Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$384.68	\$346.22	\$4.66	\$9.16	\$28.97
2	\$863.30	\$775.58	\$9.12	\$18.08	\$65.18
3	\$720.42	\$647.44	\$8.24	\$16.30	\$72.42
4	\$1,290.76	\$1,159.92	\$12.72	\$25.28	\$115.88
B	\$380.48	\$342.44	\$6.99	\$13.74	\$28.97

Coverage Choice Codes Key

1-Member Only **2**-Member and Spouse Only **3**-Member and Child(ren)
4-Member, Spouse and Child(ren) **B**-Medicare Member Only

IMPORTANT REMINDERS: The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

Plan Year 2015 Retiree/ Direct Bill NON Medicare Options Comparison Chart

	Plan A		Plan C - HDHP	
	Blue Cross and Blue Shield of Kansas Aetna		Blue Cross and Blue Shield of Kansas Aetna	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions				
Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status			
Annual Deductible	\$300 Single / \$600 Family	\$500 Single / \$1,500 Family	\$2,600 Single / \$5,200 Family	\$2,600 Single / \$5,200 Family
Annual Coinsurance	20% Coinsurance	50% Coinsurance	No Member Coinsurance	20% Coinsurance
Out of Pocket Max - TOTAL	\$4,750 Single / \$9,500 Family	\$4,750 Single / \$9,500 Family	\$2,600 Single / \$5,200 Family	\$4,100 Single / \$8,200 Family
Lifetime Benefit Maximum	No limit	No limit	No limit	No limit
Amounts Above Plan Allowance	Provider to write off	Member responsibility	Provider to write off	Member responsibility
Preventive Care: <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
Well Baby Exams <i>includes newborn screenings & age appropriate office visits</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Child Exam <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Prenatal Screenings and Counseling - <i>see benefit description for list of covered services</i>	Covered in Full	Not Covered	Covered in Full	Not Covered

Plan Year 2015 Retiree/ Direct Bill Health Plan Comparison Chart

NON Medicare Options

	Plan A		Plan C - HDHP	
	Blue Cross and Blue Shield of Kansas Aetna		Blue Cross and Blue Shield of Kansas Aetna	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Preventive Care Continued: <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
Age Appropriate Bone Density Screening	Covered in Full	Not Covered	Covered in Full	Not Covered
Immunizations	Covered in Full	Covered in full to age 6 otherwise Deductible & 50% Coinsurance	Covered in Full	Covered in full to age 6 otherwise Deductible & 20% Coinsurance
Mammography <i>(not limited to one)</i>	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 20% Coinsurance
Colonoscopy <i>-(not limited to one)</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm - <i>limited to men ages 65 to 75 with history of tobacco use</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Hearing Exam	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Vision Exam	Covered in Full	Not Covered	Covered in Full	Not Covered
Covered Services				
Inpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Physician Hospital Visits	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Physician Office Visits				
Primary Care Provider	\$25 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Specialist	\$45 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Urgent Care Center	\$50 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Outpatient Surgery	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Emergency Room Visits	\$100 Copayment (waived if admitted) than Deductible & 20% Coinsurance	\$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	Deductible & 0% Coinsurance	Deductible & 0% Coinsurance

Plan Year 2015 Retiree/ Direct Bill NON Medicare Health Plan Comparison Chart Non Medicare Options

	Plan A		Plan C - HDHP	
	Blue Cross and Blue Shield of Kansas Aetna		Blue Cross and Blue Shield of Kansas Aetna	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers

Covered Services

Other Outpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Ambulance Services	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 0% Coinsurance	Deductible & 0% Coinsurance
Major Diagnostic Tests	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
X-Ray and Laboratory	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Rehabilitation Services: <i>(services limited to those medically necessary and appropriate medical records must show continued improvement)</i>				
Inpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Outpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Office Based	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Durable Medical Equipment	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance limited to \$5,000 per person per year	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance limited to \$5,000 per person per year
Allergy Testing	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Antigen Administration: <i>desensitization/ treatment; allergy shots</i>	Covered in full	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Autism Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Manipulation Therapies	Deductible & 20% Coinsurance limited to 30 visits per year	Deductible & 50% Coinsurance limited to 30 visits per year	Deductible & 0% Coinsurance limited to 30 visits per year	Deductible & 20% Coinsurance limited to 30 visits per year
Licensed Dietitian Consultation: <i>for medical management of documented disease</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Hospice - <i>services must be pre-approved by health plan; limited to six months</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance

Plan Year 2015 Retiree/ Direct Bill Health Plan Comparison Chart NON Medicare Options

Preferred Lab Benefit

The Preferred Lab Benefit program is included when you choose either Plan A or Plan C (HDHP) as a way to save you money on outpatient laboratory tests. When you use a collection site of either Quest Diagnostics (state and nationwide) or Stormont-Vail Healthcare (8 locations in NE Kansas) for outpatient lab work covered by Plan A, the cost will be covered at 100% of the negotiated amount with no deductible, copayment or coinsurance. For Plan C members, you and your covered dependents receive discounted pricing on covered outpatient laboratory testing, when the testing is performed by Quest Diagnostics or Stormont Vail/Cotton O'Neil Laboratories.

Mental Health

Mental Illness & Drug or Alcohol Treatment:

Same Coverage as Medical

The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted at:
www.kdheks.gov/hcf/sehp/BenefitDescriptions.htm

Caremark Prescription Drug Benefits for Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	You Pay	Your Out-of-Pocket Maximum
1	Generic Drugs	20% Coinsurance	There is an Out of Pocket maximum of \$4,750 for single and \$9,500 for combined Medical and Pharmacy for family per year.
2	Preferred Brand Name Drugs	35% Coinsurance	
3	Special Case Medications	Maximum of \$75 per standard unit of therapy	
4	Non Preferred Brand Name Drugs	60% Coinsurance	
5	Discount Tier Medications	100% Coinsurance	N/A
6	Anticancer Oral Medications	25% Coinsurance to a maximum of \$75 per standard unit of therapy	Separate Coinsurance maximum of \$750 per member per year
Value Based	Diabetes	Generic - 10% to a max of \$10/30-days Preferred brand - 20% to a max of \$10/30 days	Applies to the Out of Pocket maximum (See above)
Value Based	Asthma		

Caremark Prescription Drug Benefits for Plan C - HDHP

Tier	Type of Prescription Medication	
1	Generic Drugs	Tiers 1-4 are subject to the Deductible. You/Your Family will be responsible for 100% of the cost of prescription drugs until the deductible of \$2,500 Single / \$5,000 Family, is satisfied. There is NO Coinsurance for eligible or covered prescription drugs.
2	Preferred Brand Name Drugs	
3	Non Preferred Brand Name Drugs	
4	Anticancer Oral Medications	

Discount Tier Drugs are not covered and do not count toward the Health Plan Deductible.

Delta Dental Benefits			
	PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum	\$1,700 per member		
Lifetime Orthodontic Benefit	50% Coinsurance to a maximum of \$1,000 per member		
Implant Coverage (Benefit subject to Annual Benefit Maximum above)	50% Coinsurance		
DEDUCTIBLE			
Diagnostic and Preventive Services	No Deductible		
Basic Restorative Services	\$50 per person per Plan Year. Not to exceed and Annual Family Deductible of \$150		
Major Restorative Services			
COINSURANCE			
BASIC BENEFIT			
Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan *		
Basic Restorative Services	50%	50%	50%
Major Restorative Services	50%	50%	50%
ENHANCED BENEFIT			
Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan*		
Basic Restorative Services	20%	40%	40%
Major Restorative Services	50%	50%	50%
<i>*Services by Non Network providers are subject to the Allowed Amount including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.</i>			
<i>Your Coinsurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month perios. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.</i>			

Superior Vision Benefits			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
Eye Exams: Subject to \$50 Copayment			
Eye Exam, M.D.	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
Eye Exam, O.D.	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
Eyeglasses: Subject to \$25 Materials Copayment			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45 Enhanced: Up to \$78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Trifocal lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Lenticular lenses, pair	Cover in Full after Copayment	Covered in Full after Copayment	Up to \$80
Progressive lenses, pair	Not covered	Covered up to \$165*	Not Covered
High Index lenses, pair**	Not Covered	Covered up to \$116*	Not Covered
Polycarbonate lenses, pair**	Not Covered	Covered up to \$116*	Not Covered
Scratch Coat	Not Covered	Covered in Full	Not Covered
UV Coat	Not Covered	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$210 retail*
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Not Covered
Contact Lens Exam (fitting fee) (\$35 Copayment)			
Specialty Contacts***	Up to \$50*	Up to \$50*	Not Covered
Standard Contacts****	Covered in Full	Covered in Full	Not Covered
<p>*You are responsible for any charges above the allowance.</p> <p>**You may only be covered for one pair of high index lenses or polycarbonate lenses under the Enhanced Plan (up to the allowance proved above).</p> <p>***Specialty contacts are for new contact lens wearers or patients who wear toric, gas permeable or multi-focal lenses; includes two follow-up visits within three months of initial fitting.</p> <p>****Standard contacts are for existing contact lens wearers of disposable, daily wear or extended lenses; includes two follow-up visits within three months of initial fitting.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Members can use either the contact lens benefit or the eyeglass benefit, but not both in the same plan year. • For non network claims, Copayment amounts are deducted from the benefit allowance at the time of reimbursement. • Covered lenses are standard glass or plastic (CR-39), clear. 			

Medicare Options

Medicare is a federal health plan designed for the elderly and disabled. It assists enrollees in the payment of health costs subject to certain copays and/or coinsurances. A person may be eligible for Medicare by virtue of reaching age 65 or by being approved for total disability by the Social Security Administration.

The State Employee Health Plan Medicare Options are:

- Coventry Advantra Freedom with either Coventry Part D or First Health Part D
- Kansas Senior Plan C with or without First Health Part D

Coventry Advantra Freedom PPO

Coventry Advantra Freedom PPO is available for Direct Bill members enrolled in Medicare Part A and Part B. It is a Medicare Advantage Plan under Part C of Medicare. You have peace of mind knowing that Advantra meets all of Medicare's stringent regulations and offers you more benefits with no up front deductibles. Coventry Advantra Freedom PPO is offered with the choice of Coventry Part D or First Health Part D prescription drug coverage. "Private Market" Part D coverage is not allowed with the Coventry Advantra Freedom PPO option.

The funding that Advantra receives allows it to offer products that have more benefits than Medicare for premiums that may be significantly lower than other policies. Direct Bill members enrolled in the Advantra PPO Plan continue to pay the Part B premium and a monthly premium for the Advantra Plan. **You do not need to buy additional supplemental Medicare insurance.**

Coventry Advantra Freedom PPO is sponsored by Coventry Health Care of Kansas, Inc. The Advantra plan is filed and approved for the entire states of Kansas, Missouri, Oklahoma and Arkansas. **If you consider the Advantra Freedom PPO Plan, you need to make sure you have access to a preferred provider to receive in network services.** To view the Advantra Freedom PPO provider directory, go to www.Coventry-medicare.com or contact Coventry customer service at 1-800-727-9712.

Although this plan gives members the freedom to seek care without referral from any physician who treats people enrolled in Medicare, you will receive the highest level of benefit if you seek care from doctors who are part of the PPO network.

The PPO option includes Medicare Part D prescription drug coverage which features unlimited preferred generic drugs. You can select either Coventry Part D or First Health Part D.

Members may elect the Advantra Freedom PPO with or without Delta Dental coverage.

However - once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

Additional Coventry Advantra Freedom Services

Coventry Advantra offers members the SilverSneaker Program- providing unlimited access to participating fitness centers anywhere in the country at no extra charge.

Kansas Senior Plan C

Kansas Senior Plan C is a State of Kansas Medigap policy administered by Blue Cross and Blue Shield designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents.

With Kansas Senior Plan C, members can choose the plan that includes First Health Part D prescription drug coverage or they can choose Kansas Senior Plan C without drug coverage and purchase prescription drug coverage under Medicare Part D on the Private Market.

- Kansas Senior Plan C is one of the 10 standardized Medicare supplement insurance plans. It has the same medical benefits as any other Medicare Supplement Plan C. Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay. Unlike individual medigap policies such as Plan 65, Kansas Senior Plan C is group rated rather than individually age rated. Kansas Senior Plan C offers optional prescription drug, dental and vision benefits while most individual policies offer only medical benefits. The retiree and any Medicare Eligible Dependents must be enrolled in Medicare Part A and Medicare Part B. There is no network for physicians or hospitals.
- Kansas Senior Plan C is the only plan offered to Direct Bill members that allows the member to elect Part D coverage from the Private Market.
- The medical portion of the plan pays what Medicare approves but does not pay. This includes both the Part A and Part B deductibles each year, as well as any coinsurance required by Medicare coverage rules.

Important Note: If Medicare does not cover a service, there is no benefit under the medical portion of Kansas Senior Plan C.

- Simply utilize providers who accept Medicare assignment. These providers agree to accept the Medicare allowance as payment in full. This means that between the Medicare payment and the Kansas Senior Plan C payment, the member has no out-of-pocket costs.
- Travel with confidence because Kansas Senior Plan C coverage is accepted by doctors and hospitals everywhere in the United States so you'll have access to care if you need it. Foreign travel emergencies are also covered with some limitations.
- Members may elect Kansas Senior Plan C coverage with or without Delta Dental coverage. **However** - once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

First Health Part D Medicare Drug Plan

First Health Part D is an optional Medicare Part D prescription drug component. This plan is being offered to you by the State of Kansas and provides a level of benefits not available on standard Part D plans found on the private market.

For questions concerning First Health Part D coverage, members should contact First Health Part D Customer Care representatives at 1-888-736-3133. The benefit specialists are available from 8:00 a.m. to 8:00 p.m. Monday - Friday. They can assist with questions regarding the transition to your new plan, drug cost estimations and answer any questions you may have.

First Health Part D Overview

First Health Part D will generally cover the drugs listed in their formulary as long as:

- The drug is medically necessary
- The prescription is filled at a Network pharmacy, and other coverage rules are followed.

First Health Part D does not pay for drugs that are covered by Medicare Part B, such as:

- Drugs usually supplied by and administered in your doctor's office (such as chemotherapy drugs)
- Drugs used with durable medical equipment (DME) that you obtained through DME services, such as respiratory drugs given through a nebulizer
- Some immunosuppressive drugs (if you had a Medicare covered transplant) and some oral anti-cancer drugs
- Drugs provided in Hospital Outpatient Departments and drugs such as erythropoietin (EPO) if you are undergoing dialysis

REMINDERS

In order to participate in Medicare Part D, you must enroll in only one of the Part D plans. Once you are enrolled in a plan (either through the State Employee Health Plan or the private market), if you enroll in another Medicare Part D plan at a later date, you will be automatically dis-enrolled in the previous plan enrollment. If you are enrolled in a Medicare Part D plan that is coupled with other health insurance, enrollment in a subsequent Part D plan may result in loss of your health insurance benefits.

For more details on First Health Part D Medicare Drug Plan, go to www.kdheks.gov/hcf/sehp/Vendors/FirstHealthPartDRx.htm

Plan Year 2015 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

Monthly Premiums for Medicare Plans with or without Part D, Superior Vision Services and Delta Dental Member Only

Medical Plan (with or without Part D)	Medical Plan (with or without Part D)	Superior Vision Services: Basic Plan	Superior Vision Services: Enhanced Plan	Delta Dental
Coventry Advantra Freedom PPO with Coventry Part D	\$188.00	\$6.99	\$13.74	\$28.97
Coventry Advantra Freedom PPO with First Health Part D	\$267.00	\$6.99	\$13.74	\$28.97
Kansas Senior Plan C with First Health Part D	\$371.41	\$6.99	\$13.74	\$28.97
Kansas Senior Plan C without First Health Part D	\$195.41	\$6.99	\$13.74	\$28.97

IMPORTANT REMINDERS:

The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

Kansas Senior Plan C - Medicare Payment Information

Medicare A – Hospitalization	Medicare B – Medical	Kansas Senior Plan C Supplement
Inpatient hospital <ul style="list-style-type: none"> First 60 Days: \$1,216.00 deductible* Days 61 through 90: \$304 per day Coinsurance* Lifetime reserve: \$608 per day Coinsurance* Skilled Nursing Facility <ul style="list-style-type: none"> First 20 days: 100% payment—no co-pay Days 21-100: \$156.50 per day Coinsurance* Services Paid at 100% <ul style="list-style-type: none"> Home health Hospice Benefit period ends when the patient is out of the hospital or skilled nursing facility for 60 consecutive days <p>There is usually no premium associated with Medicare Part A</p> <p>Coverage shown is per benefit period. A benefit period ends when the patient is out of the hospital or skilled nursing facility for 60 consecutive days</p>	Annual Deductible \$147 deductible per calendar year* (January 1 through December 31) Medicare Coverage for Physician's Charges Medicare pays 80% of allowed charge; Beneficiary pays 20% Coinsurance* (in- or out-of-hospital) Durable Medical Expenses and Supplies <ul style="list-style-type: none"> Ambulance Outpatient hospital charges Blood (first 3 pints) Lab services Preventive Services <ul style="list-style-type: none"> Bone mass measurement Cardiovascular screenings Colorectal screenings Diabetes screenings Flu shots Glaucoma tests Hepatitis B shots Pap tests Pneumococcal shot 	Kansas Senior Plan C pays for all costs shown in green to the left under Medicare Part A and Part B. In addition, Kansas Senior Plan C pays the following: <ul style="list-style-type: none"> An additional 365 hospital days per lifetime Foreign emergency travel medical services: \$250 deductible, then the plan pays 80% to a maximum of \$50,000 lifetime If Medicare A and B do not cover the service, there is no benefit under the medical portion of Kansas Senior Plan C

Kansas Senior Plan C - Medicare Payment Information - Continued

Medicare A – Hospitalization	Medicare B – Medical	Kansas Senior Plan C Supplement
	<ul style="list-style-type: none"> • Prostate cancer screening • Screening mammograms • Well Woman Exam • Well Man Exam <p>Beneficiary must pay a monthly Medicare Part B Premium</p>	

* The deductible and coinsurance amounts listed on the previous chart For Kansas Senior Plan C reflect **2014** rates. Be sure to review your **Medicare and You** handbook for the new 2015 amounts.

Plan Year 2015 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

	Coventry Advantra Freedom	
	Preferred Provider Organization (PPO) - with Coventry Part D or First Health Part D prescription drug	
	Network Providers	Non Network Providers
Basic Provisions		
Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	
Coinsurance (for all eligible expenses, unless otherwise noted)	\$0	20% Coinsurance
Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$1,000	20% with no max
Lifetime Benefit Maximum	No limit	No limit
Amounts Above Plan Allowance	Provider to write off	Balance billed to member
Preventive Care		
Preventive Care Services	\$0	20%
Age Appropriate Routine Physical Exam	\$0	20%
Well-Woman Care: office visit, PAP smear test & STD testing - CMS will cover one pap and pelvic exam every two years	\$0	20%
Well-Man Care: office visit & PSA blood test	\$0	20%
Mammogram	\$0	20%
Licensed Dietitian Consultation: for medical management of a documented disease	\$0	20%

Plan Year 2015 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

	Coventry Advantra Freedom	
	Preferred Provider Organization (PPO) - with Coventry Part D or First Health Part D prescription drug	
	Network Providers	Non Network Providers
Preventive Care Continued		
Age Appropriate Bone Density Screening	Covered in full	20%
Routine Age Appropriate Colonoscopy	Covered in full	20%
Covered Services		
Routine Hearing Exam	\$0 Copay for each routine hearing test up to 1 per year, \$500 every 3 years for hearing aids	20%
Routine Vision Exam: <i>refraction exam for glasses; lenses & frames not covered</i>	\$0 Copay for PCP; \$0 Copay for specialist (limited to 1 routine visit per year)	20%
Inpatient Services	\$150 Copay per day up to 5 days	20%
Skilled Nursing Facility <i>Up to 120 days</i>	\$0 days 1 - 20 and \$156.50 per day for days 21-100	20%
Physician Hospital Visits	Included in the inpatient services Copay	Included in the inpatient services Copay
Physician Office Visits		
Primary Care Provider	\$10	20%
Specialist	\$25	20%
Urgent care center	\$30 Copay, worldwide coverage	\$30 Copay, worldwide coverage
Outpatient Surgery	\$150 Copay	20%
Emergency Room Visits	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)
Ambulance Services	\$100 per one-way trip	\$100 per one-way trip
Major Diagnostic Tests*	\$0 Copay	20%
Home Health Care <i>services must be pre-approved by health plan</i>	Services must be pre-approved by health plan	Services must be pre-approved by health plan
Hospice <i>services must be pre-approved by health plan; limited to six months</i>	Services must be pre-approved by health plan	Services must be pre-approved by health plan
X-Ray and Laboratory Services	\$0 Copay for clinical/diagnostic lab service	20%

Plan Year 2015 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options		
	Coventry Advantra Freedom	
	Preferred Provider Organization (PPO) - with Coventry Part D or First Health Part D prescription drug	
	Network Providers	Non Network Providers
Covered Services Continued		
Physical Rehabilitation Services: <i>(services limited to those medically necessary and appropriate: medical records must show continued improvement)</i>	\$0 Copay per visit	20%
Inpatient facility	\$150 Copay per day up to 5 days	20%
Outpatient facility	\$0 Copay for PCP; \$0 Copay for specialist	20%
Office based	\$10 Copay for PCP; \$25 Copay for specialist	20%
Chiropractic	\$20 copay	20%
Durable Medical Equipment	20% Coinsurance	20% Coinsurance
Allergy Testing	\$10 Copay for PCP; \$25 Copay for specialist	20%
Antigen Administration: <i>desensitization/treatment; allergy shots</i>	\$10 Copay for PCP; \$25 Copay for specialist	20%
Covered Immunizations	Covered in full	20%
Mental Health		
Mental Illness and Drug or Alcohol Treatment	Same coverage as medical	
*Major Diagnostic Tests include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.		
The comparison chart is NOT the governing document. Members need to refer to each Provider’s Benefit Description posted on our website - www.kdheks.gov/hcf/sehp/BenefitDescriptions.htm		

Coventry Advantra Part D Plan Benefits

Network Preferred Retail and Standard Mail Order Cost Sharing

Tier	One Month Supply	Three Month Supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Non-Preferred Generic)	\$5 copay	\$10 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay
Tier 4 (Non-Preferred Brand)	50% of the total cost	50% of the total cost
Tier 5 (Speciality Tier)	33% of the total cost	Not Offered

Non Network Standard Retail Cost Sharing

Tier	One Month Supply	Three Month Supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay
Tier 2 (Non-Preferred Generic)	\$10 copay	\$20 copay
Tier 3 (Preferred Brand)	\$45 copay	\$90 copay
Tier 4 (Non-Preferred Brand)	50% of the total cost	50% of the total cost
Tier 5 (Speciality Tier)	33% of the total cost	Not Offered

Network Preferred and Non Network Standard Coverage Gap Coverage

After you have a total drug spend over \$2,960, the coinsurance for covered generics is 65%

Covered Brand: 45% coinsurance

Covered Generics: 65% coinsurance

Network Preferred and Non Network Standard Catastrophic Coverage

If out of pocket expenses exceed \$4,700

Generics: the greater of 5% coinsurance or \$2.65

Brands: the greater of 5% coinsurance or \$6.60

First Health Part D Plan Benefits

Prescription	Network Retail / Mail Order 30 Day Supply	Network Retail / Mail Order 60 Day Supply	Network Retail / Mail Order 90 Day Supply
Tier 1 - Generic drugs	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$45 maximum
Tier 2 - Preferred Generic drugs	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$45 maximum
Tier 3 - Preferred Brand Name drugs	25% Coinsurance up to a \$100 maximum	25% Coinsurance up to a \$100 maximum	25% Coinsurance up to a \$150 maximum
Tier 4 - Non-Preferred Generic and Brand Name drugs	50% Coinsurance up to a \$150 maximum	50% Coinsurance up to a \$150 maximum	50% Coinsurance up to a \$225 maximum
Tier 5 - Speciality Only available in 30 day supply	33% Coinsurance up to a \$100 maximum	N/A	N/A
If out-of-pocket expenses exceed \$4,700	Generics: the greater of 5% Coinsurance or \$2.65 Brands: the greater of 5% Coinsurance or \$6.60	Generics: the greater of 5% Coinsurance or \$2.65 Brands: the greater of 5% Coinsurance or \$6.60	Generics: the greater of 5% Coinsurance or \$2.65 Brands: the greater of 5% Coinsurance or \$6.60